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PTO/SB/21 (09-04)

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|--|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 10/635,807         |
|  | Filing Date            | August 5, 2003     |
|  | First Named Inventor   | RUBENSTEIN, EDWARD |
|  | Art Unit               | 3762               |
|  | Examiner Name          | BIANCO, PATRICIA   |
| Total Number of Pages in This Submission   | Attorney Docket Number | 018050-000140US    |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| Remarks  |   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP |          |        |
| Signature                                  |                                    |          |        |
| Printed name for                           | James M. Heslin                    |          |        |
| Date                                       | October 12, 2005                   | Reg. No. | 29,541 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                  |      |                  |
|---|------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                  |      |                  |
| Signature   |                  |      |                  |
| Typed or printed name   | Jennifer O'Brien | Date | October 12, 2005 |

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/635,807         |
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| Attorney Docket Number | 018050-000140US    |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Transfer to matter to

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

|   |  |                  |                |
|---|--|------------------|----------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Eric Marzluf<br>Caesar, Rivise, Bernstein, Cohen and Pokotilow, Ltd. |                  |                |
| Address   | 12th Floor, Seven Penn Center<br>1635 Market Street                  |                  |                |
| City  | Philadelphia   | State PA         | Zip 19103-2212 |
| Country   | USA  |                  |                |
| Telephone   | (215) 567-2010   | Email            |                |
| Signature   | <i>James M. Heslin</i> - Reg No: 47,991                              |                  |                |
| Name for  | James M. Heslin  | Registration No. | 29,541         |
| Date  | October 12, 2005   | Telephone No.    | 650-326-2400   |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.